## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011844

1. Corporation Name

BOB'S DISTRIBUTORS, INC.

Principal Place of Business
4430 SW 10TH ST. MIAMI FL 33134

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90007 027 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
4430 SW 10TH	ST.	4430 SW 10TH ST.	4430 SW 10TH ST.					
MIAMI FL 3313	4	MIAMI FL 33134	MIAMI FL 33134			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or			
					02/10/1995	addino.		
2 Dringing D	lace of Business	2a. Mailing Addres			4. FEI Number		Applied For	
	lace of business	26 26	33		65-0564701	_	Not Applicable	
Suite, Apt.	# atc	Suite, Apt. #, 6	etc .		00 0004701	\$8	75 Additional	
	#, <del>6</del> 10.	27			5. Certifcate of Status I	locirod   Tari	ee Required	
City & State	<u> </u>	City & State		-	6. Election Campaign F	inancino _ \$5	.00 May Be	
23	-	28			Trust Fund Contribut		ided to Fees	
Zip	Country	Zip	Cou	ıntry	8. This corporation owe	es the current year Intangible		
24	25	29	30		Personal Property T			
	9. Name and Address of Curr				10. Name and Address	of New Registered Agent		
				81 Name	Limin Trime	Samule	1	
	IOGIANNIS, JOHNNY C			82 Street	Johnny /S Mo			
	5 PONCE DE LEON BLVD			Julean A	6441 SW 21st	STREET		
Suit	E 227			83				
COR	IAL GABLES FL 33134			24		Toel	Zin Codo	
				84 City L	UEST MIAMI	FL  85	33/35	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	a Statutes, the a	bove-named	corporation submits this statement	ent for the purpose of changi	ng its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obli	te of Florida. Such change	e was authorized	d by the corpo	oration's board of directors. I her	eby accept the appointment	as registered	
	III farrillar With, and a state to com		,00,110,144 0.44			4/30/99	į.	
SIGNATURE	Signature, typed or printed pame of rigistere to	gen and title if applicable.	(NOTE: Registered	d Agent signature re	equired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRI		
TITLE	DVT	☐ DEI	LETE 1,1 TI	TLE	DIPIT	<b>€</b> ch	ange	
NAME	ACOSTA, ROBERTO		1.2 N	AME	•			
STREET ADDRESS	4430 SW 10TH ST.		1.3 \$1	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33134		1.4 CI	ITY-ST-ZIP				
TITLE	DPS	<b>A</b> JoEi	LETE 2.1 TI	TLE	0/3	<b>E</b> Ch	ange ☐ Addition	
NAME	ACOSTA, BIBIANA		2.2 N	AME				
STREET ADDRESS	4430 SW 10TH ST.		2.3 \$7			•	1	
CITY-ST-ZIP	MIAMI FL 33134			TREET ADORESS				
TITLE			2.4 C	TREET ADORESS				
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NAME		□ DEI		CITY-ST-ZIP ITLE		□ Ch	ange Addition	
		☐ DEI	LETE 3.1 TI 3.2 N/	CITY-ST-ZIP ITLE			ange Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: